

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO.		FILING DATE					
							APPLICANT(S)							
							CLAIMS							
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	IND.	DEP.	IND.	DEP.	IND.	DEP.	
	IND.	DEP.	IND.	DEP.	IND.	DEP.								
1	/						51	/						
2	/						52	/						
3	/						53	/						
4	/						54	/						
5	/						55	/						
6	/						56	/						
7	/						57	/						
8	/						58	/						
9	4						59	/						
10	/						60	/						
11	/						61	/						
12	/						62	/						
13	/						63	/						
14	/						64	/						
15	/						65	/						
16	/						66	/						
17	/						67	/						
18	/						68	/						
19	/						69	/						
20	/						70	/						
21	/						71	/						
22	/						72	/						
23	/						73	/						
24	/						74	/						
25	/						75	/						
26	/						76	/						
27	/						77	/						
28	/						78	/						
29	/						79	/						
30	/						80	/						
31	/						81	/						
32	/						82	/						
33	/						83	/						
34	/						84	/						
35	/						85	/						
36	/						86	/						
37	/						87	/						
38	/						88	/						
39	/						89	/						
40	/						90	/						
41	/						91	/						
42	/						92	/						
43	/						93	/						
44	/						94	/						
45	/						95	/						
46	/						96	/						
47	/						97	/						
48	/						98	/						
49	/						99	/						
50	/						100	/						
TOTAL IND.							TOTAL IND.							
TOTAL DEP.							TOTAL DEP.							
TOTAL CLAIMS							TOTAL CLAIMS							

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
10 1	/	/				
10 2	/					
10 3	/					
10 4	/					
10 5	/					
10 6	/					
10 7	/					
10 8	/					
10 9	/					
10 10	/					
10 11	/					
10 12	/					
10 13	/					
10 14	/					
10 15	/					
10 16	/					
10 17	/					
10 18	/					
10 19	/					
10 20	/					
10 21	/					
10 22	/					
10 23	/					
10 24	/					
10 25	/					
10 26	/					
10 27	/					
10 28	/					
10 29	/					
10 30	/					
10 31	/					
10 32	/					
10 33	/					
10 34	/					
10 35	/					
10 36	/					
10 37	/					
10 38	/					
10 39	/					
10 40	/					
10 41	/					
10 42	/					
10 43	/					
10 44	/					
10 45	/					
10 46						
10 47						
10 48						
10 49						
10 50						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
55						
56						
57						
58						
59						
60						
61						
62						
63						
64						
65						
66						
67						
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83						
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85						
86						
87						
88						
89						
90						
91						
92						
93						
94						
95						
96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
*(FOR USE WITH FORM PTO-875)*

SERIAL NO. \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
12		1				
13		1				
14		1				
15		1				
16		1				
17		1				
18		1				
19		1				
20		1				
21		1				
22		1				
23		1				
24		1				
25		1				
26		1				
27		1				
28		1				
29		1				
30		1				
31		1				
32		1				
33		1				
34		1				
35		1				
36		1				
37		1				
38		1				
39		1				
40		1				
41		1				
42		1				
43		1				
44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.	7					
TOTAL DEP.	24					
TOTAL CLAIMS	31					

	*		*		IND. DEP.	IND. DEP.
	IND.	DEP.	IND.	DEP.		
51	1		102	1		
52			103			
53			104			
54			105			
55			106			
56			107			
57			108			
58			109			
59			110			
60			111			
61			112			
62			113			
63			114			
64			115			
65			116			
66			117	1		
67			118	1		
68			119	1		
69			120			
70			121			
71			122			
72			123	1		
73			124	1		
74			125	1		
75			126			
76	1		127			
77	1		128			
78			129			
79			130			
80			131			
81			132			
82			133			
83			134			
84			135	1		
85			136	1		
86			137			
87			138			
88			139			
89			140			
90			141			
91			142			
92			143			
93			144			
94			145			
95			146	1		
96			147	1		
97			148			
98			149			
99			150			
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS